

# Benefit Reminders

THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT YOUR BENEFITS. SAVE IT FOR YOUR RECORDS.

## Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance carriers that offer group health coverage generally cannot restrict benefits for a mother or newborn's hospital stay related to childbirth to:

- Less than 48 hours following a vaginal delivery or
- Less than 96 hours following a delivery by cesarean section.

Health plans may pay for a shorter hospital stay if the attending provider (physician, nurse, midwife or physician assistant) consults with the mother and discharges the mother or newborn sooner.

Plans cannot set the level of benefits or out-of-pocket costs so that any later portion of the 48- or 96-hour stay is treated in a less favorable manner for the mother or newborn than any earlier part.

In addition, a plan cannot require a physician or other healthcare provider to get prior approval for prescribing a length of stay up to 48 or 96 hours. However, a mother may be required to receive prior approval to use certain providers or facilities, or to reduce out-of-pocket costs.

If your plan contains a precertification requirement, you or your provider must still get prior approval for the stay to avoid any additional out-of-pocket expenses. However, your stay will automatically be approved for 48 or 96 hours, as specified by this law.

## HIPAA Privacy Policy

Want to receive a copy of the Group Health Plan's Notice of Privacy Practices? Contact your employer's privacy or benefits department.

## Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide medical and surgical benefits related to a mastectomy to provide the following coverage for participants who elect breast reconstruction resulting from a mastectomy:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Coverage for prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas, as determined during a consultation with the attending physician and patient.

This coverage may be subject to annual deductibles and coinsurance provisions as appropriate and consistent with those established for other benefits under the health plan.

## COBRA

If you receive a COBRA notice, be sure to read it carefully and contact your employer's benefits department if you have any questions. A complete copy of the COBRA provisions can be found in your Summary Plan Description or by contacting your employer's benefits department.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [Healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state offering premium assistance, contact your State Medicaid or CHIP office to find out if premium assistance is available to you. More information is available at [Medicaid.gov](https://www.Medicaid.gov) under the CHIP tab.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or [InsureKidsNow.gov](https://www.InsureKidsNow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [AskEBSA.DOL.gov](https://www.AskEBSA.DOL.gov) or call 1-866-444-EBSA (3272).

**It's important to keep your information up-to-date when you have a change in status, such as a birth, marriage, divorce, death or even a change of address. Contact your employer's benefits department to make sure your information is accurate.**

## Michelle's Law

Michelle's Law prevents a group health plan from terminating your dependent child's coverage if he or she is no longer a full-time student due to a medically necessary leave of absence. A medically necessary leave of absence is a leave of absence from a post-secondary educational institution resulting from a serious illness or injury that causes your child to lose eligibility under your health plan. To qualify for this protection, your child must:

- Be qualified as a dependent under the terms of your health plan;
- Be enrolled in your health plan as a student attending a post-secondary educational institution as of the day before the medically necessary leave of absence started; and
- Have written certification by a treating physician indicating he or she is suffering from a serious illness or injury and the leave of absence is medically necessary.

Keep in mind, your children can be covered to age 26, regardless of student status.

## Genetic Information Nondiscrimination Act (GINA)

GINA, along with the Health Insurance Portability and Accountability Act (HIPAA), prohibits discrimination in group health plan coverage based on genetic information. GINA also prohibits a health plan from requesting or requiring you or your dependents to take a genetic test, requesting or requiring genetic information (including family medical history) or imposing a pre-existing condition exclusion provision based solely on genetic information.

# Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

## Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-367-3762 (TTY: 711).

## Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-367-3762 (TTY: 711)。

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-367-3762 (TTY: 711).

## Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-367-3762 رقم هاتف الصم والبكم (711).

## Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-367-3762 (TTY: 711).

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-367-3762 (телетайп: 711).

## French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-367-3762 (ATS: 711).

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-367-3762 (TTY: 711).

## Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-800-367-3762 (TTY: 711).

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-367-3762 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-367-3762 (TTY: 711)번으로 전화해 주십시오.

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-367-3762 (TTY: 711).

## Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-367-3762 (TTY: 711)まで、お電話にてご連絡ください。

## Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-367-3762 (TTY: 711).

## Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-367-3762 (телетайп: 711).

## Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-367-3762 (TTY: 711).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-367-3762 (TTY: 711).

Please Note: Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

**QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MUTUAL HEALTH SERVICES' CUSTOMER CARE DEPARTMENT AT 1-800-367-3762.**

**Nondiscrimination Notice**

Mutual Health Services complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Mutual Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Mutual Health Services provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Mutual Health Services provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

**If you need these services or if you believe Mutual Health Services failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.**

**Civil Rights Coordinator**

Medical Mutual of Ohio  
2060 East Ninth Street  
Cleveland, OH 44115-1355  
MZ: 01-10-1900

**Email:** [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- By mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building  
Washington, DC 20201-0004
- By phone at:  
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.